

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in cruminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only		
	LY BEFORE PREPARING THIS REPORT	
E S OOL ES		
1 File Number U	<del>                                     </del>	
1 File Number U	2 Fiscal Year Covered From	
12409	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Donald K'Wilson, Jr	Name IBEW Local 48	
, port streeting — rest	Labor Organization File Number 033-435	
PO Box Bidg Room No if any	P O Box Building and Room Number if any	
Street 9245 SW Washington Dr	Street 15937 NE Alrport Way	
City Portland	City portland	
State Oregon ZIP Code + 4 197223	State Oregon ZIP Code + 4 97230-4958	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name of any		
PO Box Bldg Room No If any	and the same and t	
Street '	7 b Amount	
City		
State ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
signed Donald K Wilson J	On 08/15/2005 503 245 - 4097 ( Date Telephone Number	

Name of Person Filing Donald Wilson Jr		File Number U	
B Held an interest in orderived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent or directly to or otherwise	s	
8 Name and address of Business (including trade name if any)  Name I B E W Local 48	9 Business deals with		
P O Box Bidg Room No If any	a Labor Organization  X b Trust c Employer		
Street 15937 NE Airport Way  City Portland  State Oregon ZIP Code + 4 97230-4958			
10 If 9 b or 9 c is checked give trust or employer's name  Name Barnes Labor Management Cooperative Committe,  Trade Name if any  P O Box Bldg Room No If any	11 a Nature of such dealing  Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust		
Street 1220 SW Morrison Suite 300	11 b Approximate dollar value		
State Oregon ZIP Code + 4 97205-2222	1	ual Meeting-Lodging \$606	
	12 b Amount	\$606	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name "			
Trade Name if any			
PO Box Bidg Room No If any			
Street			
State ZIP Code + 4			
13 b is the Business an Employer , or Consultant , ?	14 b Amount of payment	***	